

Governor's Commission for a Drug Free Indiana

A Division of the



Comprehensive Community Plan

County: Montgomery

LCC: Drug Free Montgomery County Coalition

Date Due: 6-28-14

Date Submitted: 6-11-14

New Plan Plan Update X



LCC Contact: Karen Branch
Address: 209 E. Pike Street
City: Crawfordsville
Phone: 765-362-0694 ext 14
Email: admin@mcysb.org

County Commissioners:
Terry Hockersmith, Jim Fulwider, Phil Bane
Address: 110 West South Boulevard
City: Crawfordsville
Zip Code: 47933

Plan Summary

Mission Statement: The Drug Free Montgomery County Coalition brings together a cross-section of the community in a county-wide effort to reduce youth and adult use and the negative impact of alcohol, tobacco, and other drugs through multiple strategies across multiple sectors.

History: The Drug Free Montgomery County Coalition was renamed in 2013. Previously known as the AHEAD Coalition, which began in 1990 as the Local Coordinating Council for the Governor's Commission for a Drug-Free Indiana, the current Coalition, which continues to serve as the LCC has changed a great deal. In the last year, the organization had continued to shrink due to loss of funding streams. As of 2013 they had one contract employee. In July 2013 it was discovered there were issues with financial management of the organization. The contract employee at that time has now been convicted of forgery and theft of money from the organization of more than \$35,000 and is serving prison time. Following this issue, the Coalition determined a name change and re-structuring was in order. At the present time the Coalition has no employees and offers no direct services. The Board of the Coalition did enter into a contract with the Montgomery County Youth Service Bureau to serve as the administrative arm for the Coalition as of 12-23-13. Currently the Coalition continues to meet bi-monthly and provides education services to the community through the meetings and also continues to administer (through the YSB) the mini-grant process.

Summary of the Comprehensive Community Plan: The Drug Free Montgomery County Coalition is currently working as the local LCC with administrative services contracted through the Montgomery County Youth Service Bureau. This is to ensure that the mission of drug prevention will remain strong in the Montgomery County community. The current CCP reflects this transition to heighten focus on the most salient problems in the community as well as how to engage more community representatives in addressing the issues.

Membership List

County LCC Name: Drug Free Montgomery County

#	Name	Organization	Race	Gender	Category
1	Jennifer York	Probation	C	F	Government
2	Amy Clark	Police	C	F	Law Enforcement
3	Clay Adams	Department of Child Services	C	M	Government
4	Joyce Baker	Cummins Mental Health	C	F	Treatment
5	Kathy Steele	Crawfordsville School Superintendent	C	F	Education
6	Colleen Moran	North Montgomery School Superintendent	C	F	Education
7	Kalay Colley	Probation	C	F	Government
8	Mike Norman	Crawfordsville Police	C	M	Law Enforcement
9	Judge Siamas	Judge	C	M	Judicial
10	Judge Ault	Judge	C	M	Judicial
11	Scott Bowling	Crawfordsville Assistant Superintendent	C	M	Education
12	Marilyn Richardson	Rainbow Recovery	C	F	Treatment
13	Matthew Long	Student	C	M	Student
14	Shania Harrison	Student	C	F	Student
15	Brenda Payne	Probation	C	F	Government
16	Ryan Needham	Montgomery County Sheriff's Dept.	C	M	Law Enforcement
17	Kevin Parker	Rock Point Church	C	M	Recovery
18	Michael Cox	North Montgomery High School	C	M	Education
19	Karen Branch	Youth Service Bureau	C	F	Civic
20	Joey Gerold	Community member	C	M	Civic
21	Jennifer White	Youth Service	C	F	Civic

		Bureau			
22	Deborah Kochert	Dance by Deborah	C	F	Civic/Business
23	Amber Reed	Montgomery County Health Department	C	F	Public Health
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Problem Identification

A. Problem Statement #1: Prescription drug misuse continues to increase in frequency and severity for both youth and adults in this community.

B. Supportive Data:

1. In 2011 and 2012, the number one drug related cause of death in Montgomery County involved prescription drugs. For both years, 11 out of 12 such deaths involved prescription medication. Between 2002-2007, 25 out of 29 drug related deaths involved prescription drugs.
2. Prescription drug related crime accounted for seven percent of police activity in Montgomery County in 2012.
3. According to the 2012 State Epidemiological Report, Montgomery County received a priority ranking in the top 25 percent of counties in the state for problems with prescription drugs.
4. According to the 2012 Youth Use Report. 10.9 percent of 10th graders and 8.6 percent of 8th grade report use of prescription drugs. While both are decreases from the 2011 report, they are both higher than the state average. Montgomery County sixth graders also report a higher than state average use. The average first time reported use for youth in grades 6-12 is 14.1.
5. Based on a public poll in 2011, prescription drugs are considered the third most significant drug related problem in Montgomery County.

End of Year 1 Update:

1. In 2012, there were 15 overdose deaths related to prescription drugs and another 2 deaths where prescription drugs and alcohol were involved (per report of the Montgomery County Coroner).

2. A.H.E.A.D. just received the 2012 Youth Use Report from Indiana Prevention Resource Center as of the writing of this report.
3. Prescription drugs are still considered the third most significant drug problem in Montgomery County (per public polling) of 127 residents that included law enforcement, faith, recovery and personnel from the courts. The survey was conducted using Survey Monkey and each user could only be polled once.

End of Year 2 Update:

1. In 2013 there were 6 overdose deaths related to prescription drugs. (according to Montgomery County Health Department Annual Report)
2. Drug Related Crime accounted for 11.8 percent of crime in Montgomery County in 2013.
3. According to the 2013 Youth Use Report 8.1 percent of 10th graders and 5.3 percent of 8th grade report use of prescription drugs. This is the second year in a row these numbers have decreased. But both are still higher than the state average. The range of first time use of prescription drugs in Montgomery County is from 10 to 16 with the highest concentration from 14-16.

Final Update (end of Year 3):

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C. Goals:

1. To reduce the number of prescription related deaths to fewer than 10
2. To reduce the epidemiological report ranking from the Top 25 percent to the Top 50 percent.
3. To increase the average first time of use of prescription drugs to 15.0.
4. To increase all grades reported use above state average.

End of Year 1 Annual Benchmarks:

1. There were over 15 deaths related to prescription drugs in 2012, in fact it was the highest number of deaths since 2000.

End of Year 2 Annual Benchmarks:

1. Prescription drug related deaths dropped to 6 in 2013.

2. The average first time use of prescription drugs has dropped to 13.
3. The 10th grade use rate has dropped below the state average, 7.1% compared to 10.1%.

Final Report (end of Year 3):

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D. Objectives:

1. To facilitate at least 10 Prescription Drug Task Force meetings per year to increase the public's awareness on related problems and connect the law enforcement, pharmacists, and physicians in Montgomery County.
2. To conduct on-going public education seminars on prescription drug misuse prevention; including but not limited to targeted seminars for law enforcement, treatment personnel, court staff, and medical professionals.
3. To facilitate safe and secure medication take-back programs in the community.
4. To facilitate Montgomery County medical practitioners to use the INSPECT system.
5. To use local media outlets, including but not limited to newspaper, radio, television, billboards, and social media sites to raise the community's awareness on prescription drug issues.
6. To engage school corporations in educating students on prescription drug misuse prevention.

End of Year 1 Update:

1. There were 10 Prescription Drug Task Force meetings in 2011. The average number of attendance has increased during the course of the past 12 months. An average of 15 people now attends the monthly meetings.
2. In 2012, A.H.E.A.D. facilitated a law enforcement training that was specific to prescription drug criminal behavior. Approximately 20 representatives from local and state law enforcement entities were represented.
3. A.H.E.A.D. sponsored two Medication Take-Back programs in 2012 and has installed two permanent sites in 2012. Information on the amount of medication retrieved was not kept for reporting purposes.
4. The majority of local medical practitioners report (via Survey Monkey) that they are registered with INSPECT. Montgomery County has 71 registered Doctor's and Dentist's. As of this report 58 have responded and indicate that Comprehensive Community Plan 7 They do use the INSPECT system on a regular basis. Follow up

phone calls were made after the Survey Monkey data was collected to verify accuracy.

5. In 2012, there were two billboard campaigns (one in spring and one in fall) and a three-month radio campaign in Montgomery County. A.H.E.A.D. used its website, Facebook, and Twitter to engage the community as well. AHEAD have 63 “friends” on Facebook and 89 “followers” on Twitter.

6. The three school corporations have allowed A.H.E.A.D.’s Outreach Coordinator to use the “Shatter the Myths of Prescription Drug Abuse” curriculum in coordination with the Project Toward No Tobacco curriculum already being taught. So far in the 2011 school year, almost 1,600 students have participated. The final numbers for Project TNT are 1,897 6th through 10th graders in Montgomery Counties three school systems.

End of Year 2 Update:

1. The Prescription Drug Task Force is now acting independently of the Coalition; they apply for mini-grant funds, but are now under the administration of the Montgomery County Health Department. The Coalition continues to support their efforts through members attending meetings and through sharing of information about events and take backs.
2. Due to the restructuring of the organization/Coalition, there are no longer any direct services being provided by the Coalition in this area. We do support efforts in this area through the mini-grant process and through educational meetings that are a part of the 6 annual Coalition meetings.
3. As noted above, the Prescription Drug Task Force is now operating independently of the Coalition and is responsible for the medicine take back events and the maintenance of the permanent take back sites. Currently since the time of the last update they have held two medicine take back events and the Sheriff and Police Departments continue to have permanent sites.
4. As of the writing of this update, no survey has been completed regarding the INSPECT service and its use by physicians and dentists, the contact information and process for this was lost when the coalition went through their restructuring. During the remainder of this calendar year we will attempt to gather this information.
5. Due to the restructuring there has been no use of media to promote awareness in the last 11 months. The website for the former AHEAD Coalition was closed as were the twitter and Facebook accounts. There were no funds for any other media campaigns. There have been several articles in the local news, but these were not related to awareness of the issue.

6. Due to the problems the coalition faced in 2013, there were only limited programs regarding Project TNT and Prescription Drug Abuse in the schools. The Montgomery County Youth Service Bureau applied for a grant through the community foundation to provide these services for the 1st semester of the school year. They reached 330 sixth grade students at all three school corporations with Project TNT and the satisfactions survey showed that 96% of the students found the program helpful and meaningful; 86% would recommend continuing the program for next year's students; 91% say they will remember the material a year from now and 24% said this presentation was the first time they had received education or information in this area. The Prescription Drug Abuse presentation had to be created from scratch. With consultation with the state office of the Governor's Task Force for a Drug Free Indiana, the contract worker was able to find legitimate information and sources to create a presentation that covered types of prescription drugs abused how they could be harmful and skills for avoiding prescription drug abuse. There was a power point presentation, role playing and discussion as well as a pre and post-test. Because of the time needed to create the curriculum, the presentations did not take place until February. The worker was able to present the program to 102 9th graders at North Montgomery High School and Southmont High School. Although repeated contacts were made with Crawfordsville High School, there was no response and so no classes were able to be provided. The programs that were presented went well and pre and post-test indicate learning did take place. Evaluation surveys found 92% of the students felt the information was useful, 64% would recommend this programming be provided again for 9th grade students and 20% reported never having been taught about or exposed to this information previously. The contract worker believes that based on her interactions with the 9th grade students and their level of knowledge, the Prescription Drug Abuse program should be presented at an earlier age.

Final Update (end of Year 3):

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A. Problem Statement #2: Montgomery County youth and adults are illegally using legal drugs and illegal drugs that results in a strain on the county-wide systems including but not limited to: education, treatment/intervention, law enforcement, and

the courts. In addition, the high rates of use decrease the overall quality of life in the community.

B. Supportive Data:

1. According to the 2012 Youth Use Report, Montgomery County youth have above average in the following grades/drugs:
 - a. Cigarettes: 6, 8, 9, 10 & 11
 - b. Cigars: 6, 8 & 10
 - c. Smokeless Tobacco: 8, 9, 10 & 11
 - d. Marijuana: 6
 - e. Inhalants: 6, 7, 8 & 11
 - f. Alcohol: 6
 - g. Over the Counter: 6 & 8
 - h. Prescription drugs: 7 & 8
2. According to the 2011 Youth Use Report, the average first time drug use is age 13.8.
3. There were a total of 314 youth referrals to the Montgomery County Probation Department in 2011 and 14 percent of them were alcohol or drug related.
4. In 2012, there were 67 total referrals to the Youth Service Bureau's Teen Court and 40 percent were drug or alcohol related.
5. In 2012, based on unofficial tracking, there were 767 drug and alcohol related arrests in Montgomery County. This included: 16 percent involving marijuana, 32 percent involving illegal alcohol use, 16 percent involving methamphetamine, eight percent involving cocaine and heroin, and 18 percent involving unnamed substances.
6. In 2012, the Indiana State Police seized nine methamphetamine labs in Montgomery County.
7. According to the 2012 epidemiological report for Indiana, Montgomery County earned an overall drug problem priority ranking in the top 25 percent of all counties. This included: being in the top 10 percent of counties for marijuana and methamphetamine and the top 25 percent of counties for cocaine.
8. According to the 2012 epidemiological report, the top three reasons that Montgomery County residents report seeking treatment are (1) alcohol and marijuana abuse; (2) alcohol and cocaine abuse; and (3) marijuana and methamphetamine abuse.
9. Based on a public survey, methamphetamine was identified as the biggest drug problem facing Montgomery County. The survey also indicated that the public's perception of concerns involved alcohol abuse (#4), marijuana (#5), and heroin (#6).

End of Year 1 Update:

1. There were a total of 354 youth referrals to the Montgomery County Probation Department in 2012 and 20 percent were related to alcohol/drugs.
2. In 2012, there were 143 arrests for minor consumption of alcohol and 8 arrests for underage possession of tobacco.
3. According to informal 2012 law enforcement statistics, there were 708 arrests related to drugs or alcohol in Montgomery County. In an increase from 2010, 22 percent were related to marijuana, 67 percent related to illegal use of alcohol, and 58 involving all illegal drugs (i.e. possession, intent to deal, dealing, etc). Cocaine was noted in three arrests, heroin in 8, and methamphetamine in 25.
4. In 2012, the Indiana State Police seized nine meth labs in Montgomery County (same as 2011).

End of Year 2 Update:

1. In 2013 there were a total of 294 youth referred to Montgomery County Probation. Although the total number of youth referred was lower than in 2012, the percentage of offenses related to drugs and alcohol rose from 18 to 29%.
2. In 2013 there were 62 referrals to the Teen Court, 50% of those referrals were for alcohol and drug related offenses.
3. According to the 2013 Montgomery County Health Department Annual Report, there were 27 meth lab seizures in the county. This is significantly higher than last year; part of this may be due to changes in reporting processes. There were 15 operational labs seized, 9 chemical/glassware/equipment seizures and 3 dumpsite seizures. There was also an increase in vehicle seizures due to the one pot cooking method.

Final Update (end of Year 3):

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C. Goals:

1. To increase all grades reported use of all drugs below the state average.
2. To increase the average first time use of all drugs to 15.0

3. To reduce the number of referrals to the Probation Department and Teen Court by 2 percent per year.
4. To reduce the epidemiological report ranking from the Top 10 percent to the Top 25 percent in marijuana and methamphetamine; and from the Top 25 percent to the Top 50 percent in cocaine. Also, to move the overall drug problem ranking from the Top 25 to Top 50 percent.
5. To monitor an official drug related arrest tracking system for Montgomery County.

End of Year 1 Annual Benchmarks:

1. There was an increase in overall youth referrals to probation and an increase in those related to drugs.
2. A.H.E.A.D. has an official arrest report from the prosecutor's office

End of Year 2 Annual Benchmarks:

1. Montgomery County use for the grades reported in the Youth Use survey are currently below the state average for Cigarettes, Pipes, Alcohol, Marijuana, Synthetic Marijuana, Cocaine, Crack, Inhalants, Heroin, Steroids, Prescription drugs and over the counter drugs. They are above the state average in use of smokeless tobacco, cigars, methamphetamine, ecstasy and hallucinogens.
2. According to the 2013 Youth Use Survey, the mean age of first time use is below 15 in all categories with the exception of 10th grade use of methamphetamine, ecstasy and hallucinogens which are at 15 or above.
3. In 2013 there was a reduction of referrals to juvenile probation of 7% and an increase in teen court referrals of 45%..
4. Due to the difficulties for the coalition in 2013, there is no information about an official drug related arrest tracking system for Montgomery County.

Final Report (end of Year 3):

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D. Objectives:

1. To facilitate at least six Community Coalition meetings per year to increase the public's awareness on drug problems, prevention strategies, and other networking opportunities in Montgomery County.

2. To conduct on-going public education seminars to youth and adult audiences.
3. To support school- and community-based evidence-based education programs.
4. To support local treatment partners to assist individuals in recovery achieve and maintain sobriety.
5. To support local law enforcement partners to ensure that have current resources available to promote community safety.
6. To work with the Prosecutor's Office to obtain accurate and official arrest data.

End of Year 1 Update:

1. AHEAD facilitated six Coalition meetings in 2012. The average attendance per meeting is 15.
2. AHEAD conducted approximately 19 presentations in the community in 2012. Information on attendance was not maintained for reporting purposes.
3. AHEAD supports Project Toward No Tobacco, Shatter the Myths of Prescription Drug Abuse, DARE, and Celebrate Recovery programs in Montgomery County.
4. AHEAD works closely with the Montgomery County Drug Court and its providers. There is on-going support provide to the three primary treatment as well as recovery service providers. The Drug Court was a 2012 recipient of a mini-grant award from the LCC.
5. AHEAD is actively involved with community policing initiatives with the Montgomery County Sheriff's Office and Crawfordsville Police Department. No data on this up-date was kept for reporting purposes.
6. AHEAD received the official arrest data from the Prosecutor's Office.

End of Year 2 Update:

1. **Due to the issues with the Coalition in 2013, there were only 5 Coalition meetings held. The average attendance is unknown due to a lack of record keeping for the year.**
2. **The YSB on behalf of the coalition held school presentations on 15 occasions. 432 students were reached.**
3. **The coalition continues to support Dare, Rainbow Recovery and Celebrate Recovery through information and referral.**
4. **The Coalition continues to support the Montgomery County Drug Court through mini-grant support.**
5. **The Montgomery County Sheriff's Department and Crawfordsville Police both receive support in the form of mini-grants and networking and sharing of information.**
6. **The arrest data this year was gathered from the Sheriff's Department.**

Final Update (end of Year 3):

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Next Annual Update Due: 6-30-15

Next Comprehensive Community Plan Due: 6-30-16

Disclaimer:

You agree that the information provided within this Plan is subject to the following Terms and Conditions. These Terms and Conditions may be modified at any time and from time to time; the date of the most recent changes or revisions will be established by the Commission and sent electronically to all Local Coordinating Councils.

Terms and Conditions:

The information and data provided is presented as factual and accurate. I hereby acknowledge that I can be asked to submit proper documentation regarding the data submitted within the Plan. Failure to do so could result in a “denied approval” by the Commission under IC 5-2-6-16.

The Local Drug Free Communities Fund must be spent according to the goals identified within the plan. I hereby acknowledge that I can be asked to submit proper documentation regarding funds that are collected, allocated, and disbursed within the county. Failure to do so could result in a “denied approval” by the Commission under IC 5-2-6-16.

Initials: KLB